## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                               |  |                             |   |                 |          |
|---|--|-----------------------------|---|-----------------|----------|
| 1 Date of Request: 5/15/02 2 Serial/Patent # 09/542,718     |  |                             |   |                 |          |
| 3 Pl ase refund the following fee(s):                       |  | 4 PAPER<br>NUMBER           |   | 5 DATE<br>FILED | 6 AMOUNT |
| Filing  |  |                             |   |                 | \$       |
| Amendment   |  | i                           |   |                 | \$       |
| Extension of Time   |  |                             |   |                 | \$       |
| Notice of Appeal/Appeal                                     |  |                             |   |                 | \$       |
| Petition  |  |                             |   |                 | \$       |
| Issue   |  |                             |   |                 | \$       |
| Cert of Correction/Terminal Disc.                           |  |                             |   |                 | \$       |
| Maintenance   |  |                             |   |                 | \$       |
| Assignment  |  |                             | • |                 | \$       |
| J Other RCE   |  | 10 3                        |   | 3/22/02         | \$740.00 |
|   |  | 7 TOTAL AMOUNT<br>OF REFUND |   |                 | \$740.00 |
|   |  | 8 TO BE REFUNDED BY:        |   |                 |          |
| 10 REASON:  |  | Treasury Check              |   |                 |          |
| Overpayment   |  | Credit Deposit A/C #:       |   |                 |          |
| Duplicate Payment   |  |                             | 9 | 0 1 0           | 0 2 5    |
| No Fee Due (Explanation):                                   |  |                             |   |                 |          |
| Petitioner attempted & file on RCE before prosecution       |  |                             |   |                 |          |
| in the application had closed.                              |  |                             |   |                 |          |
| `   |  |                             |   |                 |          |
| 11 REFUND REQUESTED BY:                                     |  |                             |   |                 |          |
| TYPED/PRINTED NAME: Cliff Congo TITLE: Petitions Attorney   |  |                             |   |                 |          |
| SIGNATURE: PHONE: 305-0272                                  |  |                             |   |                 |          |
| office: <u>Refidions</u>                                    |  |                             |   |                 |          |
| THIS SPACE RESERVED-FOR FINANCE USE ONLY:  APPROVED: 5-16-2 |  |                             |   |                 |          |
| APPROVED: When Killy DATE: 5/602                            |  |                             |   |                 |          |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B